| PATENT APPLICATION FE | E DETERMINATION RECORD |
|-----------------------|------------------------|
|-----------------------|------------------------|

Effective October 1, 2000

| CLAIMS AS FILED - PART (Column 1)                                                                                                                                                                                                                                                                                   |                      |                                           | (Column 2) SMA    |                               |                                 |                  | MALL ENTITY PE OF |                    |                        | OTHER THAN SMALL ENTITY |                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|-------------------|-------------------------------|---------------------------------|------------------|-------------------|--------------------|------------------------|-------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                      |                                           | 51                |                               |                                 |                  |                   | RATE               | FEE                    | [                       | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                 |                      |                                           | NUMBER FILED      |                               | NUMBI                           | ER EXTRA         | В                 | SASIC FEE          | 355.00                 | OR                      | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS 5                                                                                                                                                                                                                                                                                           |                      |                                           | 51 minu           | 5 minus 20= 1                 |                                 | • 31             |                   | X\$ 9=             | 279                    | OR                      | X\$18=              |                        |
| INDEPENDENT CLAIMS 4 minus 3 =                                                                                                                                                                                                                                                                                      |                      |                                           | * /               | i                             |                                 | X40=             | 40                | OR                 | X80=                   |                         |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                    |                      |                                           |                   |                               |                                 |                  | Ī                 | +135=              | 7                      | OR                      | +270=               |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                            |                      |                                           |                   | r "0" in c                    | olumn 2                         | L                | TOTAL             | 674                | OR                     | TOTAL                   |                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                       |                      |                                           |                   |                               |                                 |                  | SMALL E           |                    | OR                     | OTHER<br>SMALL          | 1                   |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY            | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                | ·52)                                      | Minus             | 5                             | /                               | = /              |                   | X\$ 9=             | 9                      | OR                      | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent          | · 5                                       | Minus             | *** L                         | L CI AINA                       | = /              |                   | X40=               | 42                     | OR                      | X80=                |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESEN         | VIATION OF MI                             | DETIPLE DEP       | ENDEN                         | I CLAIM                         |                  | J [               | +135=              | <b>·</b>               | OR                      | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                     |                      |                                           |                   |                               |                                 |                  | L<br>A            | TOTAL<br>DDIT. FEE | Mid                    | OR                      | TOTAL<br>ADDIT, FEE |                        |
|                                                                                                                                                                                                                                                                                                                     |                      | (Column 1)                                |                   |                               | mn 2)                           | (Column 3)       |                   |                    |                        | •                       |                     |                        |
| ENT B                                                                                                                                                                                                                                                                                                               |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUN<br>PREV                   | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                                                                                                                                                           | Total                | *                                         | Minus             | **                            |                                 | =                | 11                | X\$ 9=             |                        | OR                      | X\$18=              |                        |
| AME                                                                                                                                                                                                                                                                                                                 | Independent          | *                                         | Minus             | ***                           | =                               | =                | 4                 | X40=               |                        | OR                      | X80=                |                        |
| L                                                                                                                                                                                                                                                                                                                   | FIRST PRESE          | NTATION OF M                              | JLTIPLE DEP       | ENDEN                         | 1 CLAIM                         |                  | ┛┟                | +135=              |                        | OR                      | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                     |                      | 0 0 0 0                                   |                   |                               |                                 |                  | L                 | TOTAL              |                        | OR                      | TOTAL               |                        |
|                                                                                                                                                                                                                                                                                                                     |                      | (Column 1)                                |                   | (Colu                         | ımn 2)                          | (Cölumn 3)       |                   | NDDIT. FEE         |                        |                         | ADDIT. FEE          | <b>.</b>               |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         | ***                  | CLAIMS REMAINING AFTER AMENDMENT          |                   | HIG<br>NUI<br>PREV            | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                | *                                         | Minus             | **                            |                                 | =                |                   | X\$ 9=             | ,                      | OR                      | X\$18=              | ,                      |
| MEI                                                                                                                                                                                                                                                                                                                 | Independent          | •                                         | Minus             | ***                           |                                 | =                | <b> </b>          | X40=               |                        | OR                      | X80=                |                        |
| 尸                                                                                                                                                                                                                                                                                                                   | FIRST PRESE          | NTATION OF M                              | ULTIPLE DEF       | PENDEN                        | IT CLAIM                        | <u> </u>         | <b>J</b>          | +135=              |                        | OR                      | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                     | If the entry in colu | mn 1 is less than t                       | the entry in colu | mn 2, wr                      | ite "0" in c                    | olumn 3.         | L                 | TOTAL              |                        | OR                      | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |                                           |                   |                               |                                 |                  |                   |                    |                        |                         |                     |                        |

Application or Docket Number